

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

In re: : Case No. 19-57186-SMS
CLARKE'S TOWING & :
TRANSPORTATION SERVICE, INC., : Chapter 11
Debtor. :
:

DEBTOR'S PERIODIC FINANCIAL REPORT
for the period
JUNE 1, 2019 through JUNE 30, 2019

Comes now the above-named Debtor and files its Periodic Financial Report in accordance with the Guidelines established by the United States Trustee and Bankruptcy Rule 2015.

Reviewed as to form by,
PAUL REECE MARR, P.C.
Attorneys for Debtor

/s/ Paul Reece Marr
Paul Reece Marr
Georgia Bar No. 471230
Suite 960
300 Galleria Parkway, N.W.
Atlanta, GA 30339
770-984-2255

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

| | | |
|-------------------------------|---|-----------------------|
| In re: | : | Case No. 19-57186-SMS |
| | : | |
| CLARKE'S TOWING & | : | |
| TRANSPORTATION SERVICE, INC., | : | Chapter 11 |
| | : | |
| Debtor. | : | |
| | : | |

CERTIFICATE OF SERVICE

This is to certify that I have on this day electronically filed the foregoing *PERIODIC FINANCIAL REPORT* using the Bankruptcy Court's Electronic Case Filing program, which sends a notice of this document and an accompanying link to this document to the following parties who have appeared in this case under the Bankruptcy Court's Electronic Case filing program:

- David J. Casey Dcaseyatty@msn.com, Attycasey@bellsouth.net;G2832@notify.cincompass.com
- Thomas Wayne Dworschak thomas.w.dworschak@usdoj.gov, lisa.maness@usdoj.gov;ltctommyd@aol.com
- Kevin D. Fitzpatrick kevin.fitzpatrick@dcbflegal.com, jessicasorrenti@dcbflegal.com;idaallen@dcbflegal.com
- Emmett L. Goodman bkydept@goodmanlaw.org, dwilder@goodmanlaw.org
- Lindsay P. S. Kolba lindsay.p.kolba@usdoj.gov, lisa.maness@usdoj.gov
- James W. Martin james@hpmlawatl.com, natalie@hpmlawatl.com
- A. Christian Wilson cwilson@simplawatlanta.com, sscheu@simplawatlanta.com

This the 19th day of July, 2019.

/s/ Paul Reece Marr
Paul Reece Marr
GA Bar No. 471230

Paul Reece Marr, P.C.
Suite 960
300 Galleria Parkway, NW
Atlanta, Georgia 30339
770-984-2255

Fill in this information to identify the case.

| | |
|--|--|
| Debtor Name | Clarke's Towing & Transportation Service, Inc. |
| United States Bankruptcy Court for the: Northern District of Georgia | |
| Case number: | |
| 19-57186-SMS | |

Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: June Date report filed: 07/18/2019
MM/DD/YYYY
Line of business: Towing, motor vehicle NAISC code: 488410

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Henry Clarke
Original signature of responsible party Henry Clarke
Printed name of responsible party Henry Clarke

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer **No** to any of the questions in lines 1-9, attach an explanation and label it **Exhibit A**.

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer **Yes** to any of the questions in lines 10-18, attach an explanation and label it **Exhibit B**.

| | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

17. Have you paid any bills you owed before you filed bankruptcy?

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 183.60

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$1407.63

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

-\$1836.24

Report the total from *Exhibit D* here.

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

-428.61
+\$0.00

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

= \$ 452.28

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 0.00

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

(*Exhibit F*)

\$ 0.00

5. Employees

26. What was the number of employees when the case was filed?

2

27. What is the number of employees as of the date of this monthly report?

1

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

| | <i>Column A</i> Projected | <i>Column B</i> — Actual | <i>Column C</i> = Difference |
|--|--|----------------------------------|----------------------------------|
| | | | Subtract Column B from Column A. |
| | Copy lines 35-37 from the previous month's report. | Copy lines 20-22 of this report. | |
| 32. Cash receipts | \$ <u>2,500</u> | — \$ <u>1407.63</u> | = \$ <u>1092.37</u> |
| 33. Cash disbursements | \$ <u>2,1300</u> | — \$ <u>1836.24</u> | = \$ <u>463.76</u> |
| 34. Net cash flow | \$ <u>200</u> | — \$ <u>-428.61</u> | = \$ <u>-228.61</u> |
| 35. Total projected cash receipts for the next month: | | | \$ <u>2,000.00</u> |
| 36. Total projected cash disbursements for the next month: | | | — \$ <u>1,500.00</u> |
| 37. Total projected net cash flow for the next month: | | | = \$ <u>500.00</u> |

Debtor Name Clarke's Towing & Transportation Service, Inc.

Case number 19-57186-SMS

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- 39. Bank reconciliation reports for each account.
- 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- 41. Budget, projection, or forecast reports.
- 42. Project, job costing, or work-in-progress reports.

Questionnaire Answers (No)

3. Have you paid all of your bills on time?

Water bill was not paid and I am past due as of July 12.

4. Did you pay your employees on time?

We are not making enough to pay Henry Clarke who is the president of the company. We will be able to pay him and other workers once the AAA contract goes through.

Questionnaire Answers – Exhibit B

15. Have you borrowed money from anyone or has anyone made any payments on your behalf?

My wife has had to give me money to get the trucks up to par for AAA contract renewal.

Account 9193

| | | | |
|-------------------------|---------------|------------------|----------------|
| Starting Balance | 183.6 | | |
| Ending Balance | 452.28 | | |
| Date | Payee | Deposits | |
| | 5-Jun | Napa Credit | 13.63 |
| | 11-Jun | Merchant Service | 383 |
| | 12-Jun | Merchant Service | 120 |
| | 13-Jun | Merchant Service | 244 |
| | 19-Jun | Merchant Service | 100 |
| | 24-Jun | Merchant Service | 313 |
| | 28-Jun | Merchant Service | 234 |
| Total | | | 1407.63 |

Cash Disbursements
Date

6/3/2019

6/27/2019

TOTAL

| | |
|--------------|--------------------------------------|
| Payer | Cell Phone Purpose |
| T Mobile | 118.38 Cellular Service for business |
| T Mobile | 111.40 Cellular Service for business |
| | 230.28 |

Date

6/1/2019

TOTAL

| | |
|--------------|---------------------|
| Payer | Fees Purpose |
| Regions | 36 NSF |
| | 36 |

Date

6/3/2019

TOTAL

| | |
|--------------|-----------------------|
| Payer | Office Purpose |
| FedEx | 1.44 Print from email |
| FedEx | 2.16 Print from email |
| FedEx | 1.44 Print from email |
| | 5.04 |

Total
Date

6/6/2019

TOTAL

| | |
|--------------|-------------------------------|
| Payer | Diesel Expense Purpose |
| qt | 55.83 Diesel |
| SA White | 100.33 Diesel |
| qt | 8.37 Diesel |
| qt | 65.73 Diesel |
| qt | 73.50 Diesel |
| | 50.11 Diesel |
| | 353.87 |

Total
Date

6/13/2019

TOTAL

| | |
|-------------------|---|
| Payer | Maintenance Purpose |
| napa | 18.92 valve core and kit |
| napa | 13.63 valve core and kit |
| full line exhaust | 43.34 Parts Cleaner |
| advance | 64.19 fuel filter |
| great american | 199.84 fuel filters and grease |
| rush truck center | 78.89 wheel cylinder repair kit |
| great american | 29.63 Fuel Filter |
| oreilly | 20.1 Sand paper and wire connector for head light |
| Javelin Tire | 319.99 Tires |
| | 788.53 |

Total
Date

6/14/2019

TOTAL

| | |
|--------------------------|---------------------------------|
| Payer | Equipment Rental Purpose |
| ladco / elavon | 37.81 rental of equipment |
| merchant service adj/fee | 154.41 fee for transactions |
| | 192.22 |

Total
Date

6/17/2019

TOTAL

| | |
|--------------|--|
| Payer | Office/Repairs Misc. Purpose |
| Sam | 29.78 Office Water |
| Walmart | 31.48 brake fluid and atf fluid and antifreeze |
| Walmart | 32.61 oil |
| | 93.87 |

Total
Date

6/17/2019

TOTAL

| | |
|-----------------|--------------------------|
| Payer | Utilities Purpose |
| City of Austell | 136.43 Water Bill |

Total
Date

6/24/2019

TOTAL

| | |
|-----------------|--------------------------|
| Payer | Utilities Purpose |
| City of Austell | 136.43 Water Bill |

Total
Date

Grand Total

1,836.24



Regions Bank
Vining's Smyrna
1650 Cumberland Parkway SE
Smyrna, GA 30080

CLARKES TOWING & TRANSPORTATION
DEBTOR IN POSSESSION
748 SAN FERNANDO DR SE
SMYRNA GA 30080-1438

ACCOUNT #

9193

| | |
|------------|--------|
| Cycle | 060 |
| Enclosures | 26 |
| Page | 0 |
| | 1 of 3 |

LIFEGREEN BUSINESS SIMPLE CHECKING

June 1, 2019 through June 28, 2019

SUMMARY

| | | | |
|--------------------------|-----------------|-----------------|---------------|
| Beginning Balance | \$183.60 | Minimum Balance | \$37 - |
| Deposits & Credits | \$1,407.63 + | Average Balance | \$272 |
| Withdrawals | \$1,140.76 - | | |
| Fees | \$36.00 - | | |
| Automatic Transfers | \$0.00 + | | |
| Returned Checks | \$37.81 + | | |
| Checks | \$0.00 - | | |
| Ending Balance | \$452.28 | | |

DEPOSITS & CREDITS

| | | | |
|-------|---|---------------|--------|
| 06/05 | Card Credit Napa Store 1500 5533 Austell | GA 30168 9716 | 13.63 |
| 06/11 | Merchant Service Merch Dep Clarkes Towing | 8033566780 | 383.00 |
| 06/12 | Merchant Service Merch Dep Clarkes Towing | 8033566780 | 120.00 |
| 06/13 | Merchant Service Merch Dep Clarkes Towing | 8033566780 | 244.00 |
| 06/19 | Merchant Service Merch Dep Clarkes Towing | 8033566780 | 100.00 |
| 06/24 | Merchant Service Merch Dep Clarkes Towing | 8033566780 | 313.00 |
| 06/28 | Merchant Service Merch Dep Clarkes Towing | 8033566780 | 234.00 |

Total Deposits & Credits \$1,407.63

WITHDRAWALS

| | | | | |
|-------|-------------------------------|-------------------|---------------|--------|
| 06/03 | Card Purchase Tmobile*postpai | 4814 800-937-8997 | WA 98006 9716 | 118.88 |
| 06/03 | Card Purchase Fedex Offic1620 | 7338 Smyrna | GA 30082 9716 | 1.44 |
| 06/04 | Card Purchase Napa Store 1500 | 5533 Austell | GA 30168 9716 | 18.92 |
| 06/06 | PIN Purchase Quiktrip Corpo | 5542 Mableton | GA 9716 | 55.83 |
| 06/10 | Card Purchase Fedex Offic1620 | 7338 Smyrna | GA 30082 9716 | 2.16 |
| 06/10 | Ladco / Elavon Lease Pmt | Clarkes Towing | 3047247 | 37.81 |
| 06/12 | Ladco / Elavon Retry Pymt | Clarkes Towing | 3047247 | 37.81 |
| 06/12 | PIN Purchase Advance Auto P | 5533 Austell | GA 9716 | 64.19 |
| 06/14 | PIN Purchase Quiktrip Corpo | 5542 Mableton | GA 9716 | 8.37 |
| 06/14 | Merchant Service Merch Adj | Clarkes Towing | 8033566780 | 154.41 |
| 06/17 | PIN Purchase Quiktrip Corpo | 5542 Mableton | GA 9716 | 65.73 |
| 06/18 | PIN Purchase Quiktrip Corpo | 5542 Mableton | GA 9716 | 73.50 |
| 06/20 | PIN Purchase Wal-Mart #1586 | 5411 Austell | GA 9716 | 32.61 |

For all your banking needs, please call 1-800-REGIONS (734-4667)
or visit us on the Internet at www.regions.com. (TTY/TDD 1-800-374-5791)



Thank You For Banking With Regions!

2019 Regions Bank Member FDIC. All loans subject to credit approval.


 CLARKES TOWING & TRANSPORTATION
 DEBTOR IN POSSESSION
 748 SAN FERNANDO DR SE
 SMYRNA GA 30080-1438

ACCOUNT #

19193

 Cycle 060
 Enclosures 26
 Page 0

2 of 3

WITHDRAWALS (CONTINUED)

| | | | | | |
|-------|-------------------------------|----------------------|----------|------|--------|
| 06/24 | Card Purchase City of Austell | 9222 Austell | GA 30106 | 9716 | 136.43 |
| 06/24 | Card Purchase Fedex Offic | 1620 7338 Smyrna | GA 30082 | 9716 | 1.44 |
| 06/24 | PIN Purchase Great American | 5533 Lithia Springga | | 9716 | 29.63 |
| 06/24 | PIN Purchase O'reilly Auto # | 5533 Mableton | GA | 9716 | 20.10 |
| 06/25 | PIN Purchase Javelin Tire S | 7538 Atlanta | GA | 9716 | 119.99 |
| 06/26 | PIN Purchase Quiktrip Corpo | 5542 Mableton | GA | 9716 | 50.11 |
| 06/27 | Card Purchase Tmobile*postpal | 4814 800-937-8997 | WA 98006 | 9716 | 111.40 |

Total Withdrawals \$1,140.76

FEES

| | | |
|-------|-------------------|-------|
| 06/11 | Returned Item Fee | 36.00 |
|-------|-------------------|-------|

RETURNED CHECKS

| | | |
|-------|--------------------------------|-------|
| 06/11 | Credit-Returned Ck#58008630261 | 37.81 |
|-------|--------------------------------|-------|

DAILY BALANCE SUMMARY

| Date | Balance | Date | Balance | Date | Balance |
|-------|---------|-------|---------|-------|---------|
| 06/03 | 63.28 | 06/12 | 365.00 | 06/20 | 374.38 |
| 06/04 | 44.36 | 06/13 | 609.00 | 06/24 | 499.78 |
| 06/05 | 57.99 | 06/14 | 446.22 | 06/25 | 379.79 |
| 06/06 | 2.16 | 06/17 | 380.49 | 06/26 | 329.68 |
| 06/10 | 37.81 - | 06/18 | 306.99 | 06/27 | 218.28 |
| 06/11 | 347.00 | 06/19 | 406.99 | 06/28 | 452.28 |

You may request account disclosures containing
 terms, fees, and rate information (if applicable)
 for your account by contacting any Regions office.

Easy Steps to Balance Your Account

| Checking Account | | |
|------------------|--|---------|
| 1. | Write here the amount shown on statement for ENDING BALANCE | \$ |
| 2. | Enter any deposits which have not been credited on this statement. | \$ + |
| 3. | Total lines 1 & 2 | \$ = |
| 4. | Enter total from 4a (column on right side of page) | \$ * |
| 5. | Subtract line 4 from line 3. This should be your checkbook balance. | \$ = |

4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

Summary of Our Error Resolution Procedures
In Case of Errors or Questions About Your Electronic Transfers
Telephone us toll-free at 1-800-734-4667
or write us at
Regions Electronic Funds Transfer Services
Post Office Box 413
Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL 1-800-REGIONS (734-4667) OR VISIT YOUR NEAREST REGIONS LOCATION.

Clarke's Towing and Transportation Service, Inc.

Profit & Loss

June 2019

Ordinary Income/ Expense

Income

| | |
|-----------------------|----------------|
| Gross Trucking Income | 1,407.63 |
| Gross Profits | 1407.63 |

Expense

| | |
|--------------------------------|-----------------------|
| Diesel Expense | 353.87 |
| Cell Phone | 230.28 |
| Office Supplies | 5.04 |
| Maintenance | 788.53 |
| Fees | 36.00 |
| Equipment Rental | 192.22 |
| Office/Repair Misc. | 93.87 |
| Utilities | 136.43 |
| Total Expenses | 1836.24 |
| Net Ordinary Income | - \$428.61 |

III/INSURANCEHUB
1720 LAKES PARKWAY
LAWRENCEVILLE, GA 30043



Named insured

CLARKE'S TOWING &
TRANSPORTATION SERVICES,
748 SAN FERNANDO DR
SMYRNA, GA 30080

Policy number: 08462917-1

Underwritten by:

Progressive Mountain Insurance Co

REFERENCE NUMBER: 100001082

June 8, 2019

Policy Period: Jun 14, 2019 - Jun 14, 2020

Page 1 of 3

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-770-497-1200

III/INSURANCEHUB

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your revised Renewal Declarations Page

Your policy information has changed

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by June 14, 2019.

Your coverage begins on June 14, 2019 at 12:01 a.m. This policy expires on June 14, 2020 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852GA (07/08), Z433GA (04/08), 2372 (06/10), MCS90 (01/17), Z438 (06/10), 4852GA (04/05), 4881GA (03/12) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective June 14, 2019

| | |
|-----------------|--|
| Premium change: | \$15,831.00 |
| Changes: | Your pay plan information has changed. |

The changes shown above will not be effective prior to the time the changes were requested.

Policy number: 08462917-1
CLARKE'S TOWING &
Page 2 of 3

Outline of coverage

Auto coverage part

| Description | Limits | Deductible | Premium |
|---|-----------------------------------|------------|-----------------|
| Liability To Others | | | \$29,926 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Uninsured/Underinsured Motorist - Added On | | | 422 |
| Bodily Injury and Property Damage | \$100,000 combined single limit | | |
| Deductible Applies To Property Damage | | \$1,000 | |
| On-Hook Legal Liability | | | 698 |
| See Auto Coverage Schedule | | | |
| Garagekeepers Legal Liability | | | 482 |
| See Covered Location Schedule | | | |
| Subtotal policy premium | | | \$31,528 |

Commercial General Liability coverage part

| Description | Limits | Premium |
|--|--|-----------------|
| Limited General Liability - Towing Services | \$300,000/\$600,000 | \$782 |
| Each Occurrence | \$300,000 | |
| General Aggregate | \$600,000 | |
| Products/Completed Operations Aggregate | \$600,000 | included |
| Personal and Advertising Injury | \$300,000/any one person or organization | included |
| Damage to Premises Rented to You | \$100,000/any one premises | included |
| Medical Expense | \$5,000/any one person | included |
| Subtotal policy premium | | \$782 |
| Total 12 month policy premium | | \$32,310 |
| Discount if paid in full | | -4782 |
| Total 12 month policy premium if paid in full | | \$27,528 |

Rated drivers

1. HENRY CLARKE
2. MICHAEL DUGGER

Auto coverage schedule

1. 2006 UD UD8

VIN: JNAMA80H06AH55080

Garaging Zip Code: 30106

Radius: 100

| Liability Premium | Liability | UM/UIM-Add | | |
|-------------------------|------------------|-----------------------|--------------------|-----------------|
| | \$15,732 | \$211 | | |
| Physical Damage Premium | On-Hook LL Limit | On-Hook LL Deductible | On-Hook LL Premium | Auto Total |
| | \$100,000 | \$1,000 | \$349 | \$16,292 |

Policy number: 08462917-1
CLARKE'S TOWING &
Page 3 of 3

2. **1995 UD U23**

VIN: JNALC20H0SGF50627 Garaging Zip Code: 30106 Radius: 100

| | | | | |
|-------------------------|------------------|-----------------------|--------------------|-----------------|
| Liability Premium | Liability | UM/UIM-Add | | |
| | \$14,194 | \$211 | | |
| Physical Damage Premium | On-Hook LL Limit | On-Hook LL Deductible | On-Hook LL Premium | Auto Total |
| | \$100,000 | \$1,000 | \$349 | \$14,754 |

Covered location schedule

| | Location Limit | Each auto Deductible | Each occurrence Deductible |
|--|----------------|----------------------|----------------------------|
| 1. 1950 ROYAL IND. BLVD, AUSTELL, GA 30106 | \$100,000 | \$500 | \$2,500 |

Premium discount

| | |
|------------|---------------------|
| Policy | |
| 08462917-1 | Business Experience |

Company officers



Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|----------|---|--------------------------------------|-------------------------------|
| PRODUCER | InsuranceHub Agency, LLC 1720 Lakes Parkway Lawrenceville | CONTACT NAME: Roxana Gherghel | |
| | | PHONE (A/C, No, Ext): (770) 497-1200 | FAX (A/C, No): (770) 814-7187 |
| | | E-MAIL ADDRESS: coi@insurancehub.com | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Progressive Mountain | 35190 |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES CERTIFICATE NUMBER: 18-19 Master REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADD'L SUB'R INSD WVD | POLICY NUMBER | POLICY EFF. (MM/DD/YYYY) | POLICY EXP. (MM/DD/YYYY) | LIMITS |
|----------|--|----------------------------|---------------|-----------------------------|-----------------------------|---|
| A | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> | | 08462917-0 | 12/14/2018 | 06/14/2019 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000 OTHER: \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC | | | | | |
| A | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY | | 08462917-0 | 12/14/2018 | 06/14/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 100,000 |
| | SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> | | | | | PROPERTY DAMAGE EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$ |
| | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | PER STATUTE \$ OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | DESCRIPTION OF OPERATIONS below | | | | | |
| A | Garagekeepers | | 08462917-0 | 12/14/2018 | 06/14/2019 | Limit \$100,000 Ded/veh/aggregate \$500/\$2,500 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| <p>*For Insurance Purposes If you need to be shown as certificate holder email: coi@insurancehub.com or fax info to 770-814-7187</p> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

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